

5565

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 14

BIRTH NO. ....		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 5768		State File No. ....		Registrar's No. 14			
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville				c. LENGTH OF STAY (In this place) 73 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville.					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print)			a. (First) Luetta		b. (Middle) May		c. (Last) Chambers		4. DATE OF DEATH (Month) (Day) (Year) February 5 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 19 1869		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jackson County Ohio				12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nathan Graham				13b. MOTHER'S MAIDEN NAME Sarah Caster				14. NAME OF HUSBAND OR WIFE Joseph E. Chambers (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lenora Booth Cainsville, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 592  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 5 years	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 10, 1944, to Feb 5, 1949, that I last saw the deceased alive on Feb 1, 1949, and that death occurred at 56 m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) M. D. O						23b. ADDRESS Cainsville Missouri				23c. DATE SIGNED Feb. 5, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery				24d. LOCATION (City, town, or county) (State) Cainsville, Missouri.			
DATE REC'D BY LOCAL REG. 2-14-49		REGISTRAR'S SIGNATURE M. J. R. ... 393				25. FURNER'S SIGNATURE ADDRESS Cainsville, Mo.					

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10.48

FILED FEB 26 1949

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, me/8/14

Winifred S. Taff

Student Embalmer No. 239

working under my personal supervision.

Signed.....

Winifred S. Taff  
Student Embalmer

Signed.....

[Signature]  
Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above;